

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) End Citizens United		FEC IDENTIFICATION NUMBER ▼ C C00573261																									
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																										
D	D																										
Y	Y	Y	Y	Y	Y																						

Full Name of Payee Mission Control			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>25</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>			M	M		10			D	D		25			Y	Y	Y	Y	Y	Y	2	0	1	6		
M	M																												
10																													
D	D																												
25																													
Y	Y	Y	Y	Y	Y																								
2	0	1	6																										
Mailing Address 624 Hebron Ave Bldg 3 Suite 200			Amount <table border="1" style="width:100%"> <tr><td>23100.00</td></tr> </table>			23100.00																							
23100.00																													
City Glastonbury	State CT	Zip Code 06033-2470	Transaction ID : VSGDK9TM6H9																										
Purpose of Expenditure Printing and postage (estimated)		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>25</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>			M	M		10			D	D		25			Y	Y	Y	Y	Y	Y	2	0	1	6		
M	M																												
10																													
D	D																												
25																													
Y	Y	Y	Y	Y	Y																								
2	0	1	6																										
Name of Federal Candidate HECK, JOE, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>23100.00</td></tr> </table>	23100.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																									
23100.00																													

Full Name of Payee Mothership Strategies			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>24</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>			M	M		10			D	D		24			Y	Y	Y	Y	Y	Y	2	0	1	6		
M	M																												
10																													
D	D																												
24																													
Y	Y	Y	Y	Y	Y																								
2	0	1	6																										
Mailing Address 2413 20th St NW			Amount <table border="1" style="width:100%"> <tr><td>250000.00</td></tr> </table>			250000.00																							
250000.00																													
City Washington	State DC	Zip Code 20009-5453	Transaction ID : VSGDK9T9RA5																										
Purpose of Expenditure Digital media buy and production (estimated amount)		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>24</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>6</td><td></td><td></td></tr> </table>			M	M		10			D	D		24			Y	Y	Y	Y	Y	Y	2	0	1	6		
M	M																												
10																													
D	D																												
24																													
Y	Y	Y	Y	Y	Y																								
2	0	1	6																										
Name of Federal Candidate AYOTTE, KELLY A, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>250000.00</td></tr> </table>	250000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																									
250000.00																													

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>273100.00</td></tr> </table>	273100.00
273100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="width:100%"> <tr><td> </td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td> </td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Foucart, Brian, , ,

[Electronically Filed]

Date

M	M	
10		

D	D	
25		

Y	Y	Y	Y	Y	Y
2	0	1	6		

Signature